FRA Worksheets

Decide How Much To Deposit

The following worksheets may help you determine how much to deposit in your FRA. Calculate the amount you expect to pay for eligible, out-of-pocket medical and/or dependent care expenses during the plan year. This calculated amount cannot exceed established IRS guidelines for calendar or plan year limits. (Refer to the individual FRA descriptions and "Enrollment at a Glance" in the *Flexible Benefits Program Sourcebook* for limits). Be conservative in your estimates, since you will lose any money remaining in your accounts.

TAX-FREE MEDICAL EXPENSE WORKSHEET Estimate your eligible, out-of-pocket medical expenses for the plan year.	TAX-FREE DEPENDENT CARE WORKSHEET Estimate your eligible dependent care expenses for the plan year.
YOUR MEDICAL, DENTAL AND VISION EXPENSES	NUMBER OF WEEKS
\$ \$ \$	you will have dependent (child, adult or elder) care expenses during the plan year. Remember to subtract holidays, vacations, and other times you may not be paying for eligible child, adult or elder care.
\$ \$	MULTIPLY by the amount of money you expect to spend each week.
SUBTOTAL Estimated eligible medical expenses for your period of coverage during the plan year. = \$	SUBTOTAL = \$
DIVIDE	DIVIDE
by the number of pay periods during the plan year* ÷	by the number of pay periods during the plan year *
This is your pay period contribution (In whole dollar amounts only) = \$	This is your pay period contribution (In whole dollar amounts only) = \$

Your FRA checks may be deposited into your checking or savings account by enrolling in Direct Deposit. Contact FBMC.

^{*} If you are a new employee enrolling after the plan year begins, divide by the number of pay periods remaining in the plan year based on the effective date.